



State of Tennessee  
Department of Commerce and Insurance  
Board of Architectural and Engineering Examiners  
500 James Robertson Parkway, Third Floor  
Nashville, TN 37243-1142

## APPLICATION FOR REGISTRATION AS AN INTERIOR DESIGNER

(Type or print legibly)

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_ Business \_\_\_\_\_ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? \_\_\_\_\_ Yes \_\_\_\_\_ No

I am applying for registration by:

\_\_\_\_\_ Initial Application

\_\_\_\_\_ Reapplying

(please do not write below this line)

Board Review – Registration			
Board Member	Date	Approved	Disapproved

Full Name \_\_\_\_\_

**All information MUST comply with instructions or the application will be returned.**

If you have ever changed your name through marriage or through action of a court, or have ever been known by any other name, please list name(s) and date(s) of change \_\_\_\_\_

Name the state and year in which you passed the NCIDQ examination \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

Have you ever been denied registration or had your license suspended or revoked?      \_\_\_Yes \_\_\_No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony?      \_\_\_Yes \_\_\_No

If so, name state and year \_\_\_\_\_

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

List membership in technical or professional organizations \_\_\_\_\_

## **EDUCATIONAL BACKGROUND**

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received	Accredited by
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_____					___ FIDER
_____					___ SACS
_____					___ THEC

Full Name \_\_\_\_\_

**EXPERIENCE**

*List each engagement **in chronological order beginning with first** engagement. Provide concise information in regard to design work (creative, independent thought) on projects, progressive in nature, to enable evaluation of experience.*

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

### REFERENCES

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered interior designers and/or registered architects. In addition, one employer reference and one client or, if self employed, two client references may be accepted. References from relatives are not acceptable.

References	State of Registration	Registered Interior Designer, Architect, Employer/Client	Complete Address

### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a Registered Interior Designer and agree not to use the title Registered Interior Designer until I become licensed. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Attach a photograph  
taken within the last 12  
months

HEAD AND  
SHOULDERS ONLY



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TN 37243-1142  
800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)  
<http://www.state.tn.us/commerce/ae.html>

## CLIENT REFERENCE FOR INTERIOR DESIGNER

(to be completed by a client)

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

\_\_\_\_\_  
(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

The applicant, \_\_\_\_\_  
(Name of Applicant)

- successfully consulted with me as a client about my project requirements and budget..... ☐ Yes ☐ No
- presented a solution to my project requirements, such as: floor plans; furniture specifications and plans; fabric selections; lighting specifications and plans; finish specifications ..... ☐ Yes ☐ No
- completed the project and conducted him/herself in a professional and ethical manner ..... ☐ Yes ☐ No
- I enlisted the service of the applicant for the following dates, or time frame \_\_\_\_\_

\_\_\_\_\_  
(see reverse side)

Applicant's Name \_\_\_\_\_

Please provide a brief but detailed description of his/her duties.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION (CHECK ONE)

☐ I recommend the applicant as qualified and competent. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I do not recommend the applicant for licensure because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
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<http://www.state.tn.us/commerce/ae.html>

## EMPLOYER REFERENCE FOR INTERIOR DESIGNER

(to be completed by employer)

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

\_\_\_\_\_  
(Signature of Applicant)

### Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant gained in each area of interior design during his or her employment.

S = substantial experience  
M = minimal experience  
P = poor

A = adequate experience  
N = no experience

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| S | A | M | N | P | 1. PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory. |
| S | A | M | N | P | 2. DESIGN ANALYSIS & DEVELOPMENT, such as: development of design concept, space planning.   |
| S | A | M | N | P | 3. SPECIFICATION OF FURNISHINGS & MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics, equipment.            |

(see reverse side)

Applicant's Name \_\_\_\_\_

S   A   M   N   P      4.    CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S   A   M   N   P      5.    PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, and details; producing specifications and/or purchase orders.

S   A   M   N   P      6.    PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

RECOMMENDATION (CHECK ONE)

\_\_\_ I recommend the applicant as qualified and competent. Additional comments: \_\_\_\_\_

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\_\_\_ I do not recommend the applicant for licensure because \_\_\_\_\_

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The applicant, \_\_\_\_\_ has been or was  
(Name of Applicant)

employed by me or my firm from \_\_\_\_\_ to \_\_\_\_\_  
as \_\_\_\_\_.

My Firm Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address \_\_\_\_\_

I \_\_\_ AM \_\_\_ AM NOT A      Registered Interior Designer in the state of \_\_\_\_\_ Reg. # \_\_\_\_\_

Registered Architect in the state of \_\_\_\_\_ Reg. # \_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_





TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
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## PROFESSIONAL REFERENCE FOR INTERIOR DESIGNER

(to be completed by a Registered Interior Designer or a Registered Architect)

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration as a registered interior designer.

Please send the information requested directly to the Board office in the envelope provided.

\_\_\_\_\_  
(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The information you give is for Board use only and will be treated in the strictest confidence.

1. In what capacity have you known the applicant?  
\_\_\_\_\_ client \_\_\_\_\_ through professional society membership  
\_\_\_\_\_ employer \_\_\_\_\_ other (explain) \_\_\_\_\_
2. How long have you known the applicant to be engaged in the practice of interior design or to have used the title interior designer? From \_\_\_\_\_ to \_\_\_\_\_ inclusive.
3. Are you in any way related to the applicant? ☐ Yes ☐ No If so, how? \_\_\_\_\_
4. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
6. Would you employ the applicant in a position of trust? \_\_\_\_\_
7. If the applicant is in individual practice, please indicate the nature of such practice. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name \_\_\_\_\_

The following are areas of experience of a professional interior designer. CIRCLE the letter that applies to the level of experience the applicant exhibited according to your knowledge of the applicant for the period of time claimed above.

S = substantial experience

A = adequate experience

M = minimal experience

N = no experience

P = poor

U = no knowledge of specific work experience

S A M N P U PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.

S A M N P U DESIGN ANALYSIS AND DEVELOPMENT, such as: development of design concept, space planning.

S A M N P U SPECIFICATION OF FURNISHINGS AND MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics and equipment.

S A M N P U CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as: architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

S A M N P U PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, details, producing specifications and/or purchase orders.

S A M N P U PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

RECOMMENDATION (CHECK ONE)

\_\_\_ I recommend the applicant as qualified and competent. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ I do not recommend the applicant for licensure because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Firm Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

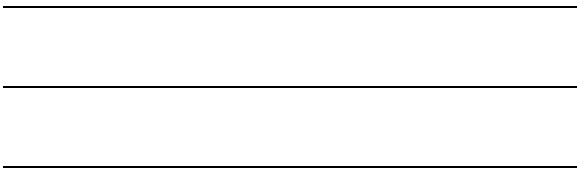
Address \_\_\_\_\_

I AM A: Registered Interior Designer in the state of \_\_\_\_\_ Reg. # \_\_\_\_\_

Registered Architect in the state of \_\_\_\_\_ Reg. # \_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_



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# NCIDQ

NATIONAL COUNCIL FOR INTERIOR DESIGN QUALIFICATION

## NCIDQ CERTIFICATE VERIFICATION FORM FOR THE STATE OF TENNESSEE

### TO BE COMPLETED BY REGISTRANT AND MAILED TO:

Executive Vice President  
NATIONAL COUNCIL FOR INTERIOR DESIGN QUALIFICATION  
1200 18th Street, NW, Suite 1001  
Washington, DC 20036-2506

**NOTE: THE FEE FOR EACH REQUEST IS \$20.00.** Your check or money order made payable to NCIDQ must accompany this form. (The fee for this service will be waived for those individuals who have kept their certificate current through the NCIDQ certificate renewal program.)

NCIDQ is requested by the undersigned to furnish to the Tennessee State Board of Architectural and Engineering Examiners, 500 James Robertson Parkway, 3rd Floor. Nashville, TN 37243-1142, verification that this individual has successfully passed the standard NCIDQ examination. Authorization to provide this information may be given only by the undersigned NCIDQ certificate holder. No proxies are permitted.

### PRINT OR TYPE

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

The NCIDQ certificate verification process requires that you also provide the following information, if known, for the purpose of confirmation:

NCIDQ Certificate Number \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

I, the undersigned, attest that I am the NCIDQ certificate holder and request that verification of the same be provided to the Tennessee State Board of Architectural and Engineering Examiners.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (202)721-0220 Fax: (202)721-0221